

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/02/2023

Need Date: 08/18/2023

PROCESSING DEPARTMENT:

Department: HHSA
Dept. Contact: Max Hudock
Phone: X6921
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2023.08.04 10:26:32 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: DNT In Home Care, Inc.
Address: 3440 Palmer Drive #8H
Cameron Park, CA 95682
Phone: _____
Org Code: 5260
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Legal Review

Description: Non-medical in-home support and transportation

Contract Term: 10/1/23-9/30/24 (option to extend to 9/30/27) Contract Value: \$ 260,000.00

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 08/14/2023 By: Jefferson Billingsley
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Jefferson Billingsley
Date: 2023.08.08 13:12:01 -07'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW